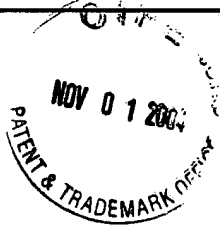
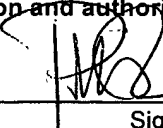
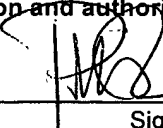
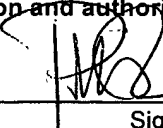


BAKER BOTTS LLP

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) A33595 PCT USA												
	In re Application of Lamberty et al.													
	Application Number 09/673,274	Filed Feb. 2, 2001												
	For GENE CODING FOR HELIOMICINE, * see attached													
	Group Art Unit 1653	Examiner Liu S.												
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 80%;"><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td style="width: 20%; text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td style="text-align: right;">\$ <u>980</u></td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td style="text-align: right;">\$ _____</td> </tr> </table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____.</p> <p><input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>02-4377</u>.</p> <p>I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor</p> <p style="margin-left: 20px;"><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p style="margin-left: 20px;"><input checked="" type="checkbox"/> attorney or agent of record.</p> <p style="margin-left: 20px;"><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <table style="width: 100%; border: none; margin-top: 20px;"> <tr> <td style="width: 50%; border: none;"> <u>10-27-2004</u> Date PTO Reg No.: 52,217 </td> <td style="width: 50%; border: none; text-align: center;">  Signature <u>Peter J. Shen</u> Typed or printed name </td> </tr> </table> <p><small>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</small></p>			<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ _____	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$ _____	<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$ <u>980</u>	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$ _____	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$ _____	<u>10-27-2004</u> Date PTO Reg No.: 52,217	 Signature <u>Peter J. Shen</u> Typed or printed name
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ _____													
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$ _____													
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<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$ _____													
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$ _____													
<u>10-27-2004</u> Date PTO Reg No.: 52,217	 Signature <u>Peter J. Shen</u> Typed or printed name													
<input type="checkbox"/> Total of _____ forms are submitted.														

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